

| SERIAL NUMBER   | FILING DATE   | CLASS                      | GROUP ART UNIT  | ATTORNEY DOCKET NO.   |
|---|---|----------------------------|---|-----------------------|
| 09/134,801  | 08/14/98  | 604                        | 3734  | 3431.1US              |
| APPLICANT   | N. SANDOR RACZ, GREENFIELD CENTER, NY.  |                            |   |                       |
|   | **CONTINUING DOMESTIC DATA*****<br>VERIFIED<br><u>SS</u>  |                            |   |                       |
|   | **371 (NAT'L STAGE) DATA*****<br>VERIFIED<br><u>SS</u>  |                            |   |                       |
|   | **FOREIGN APPLICATIONS*****<br>VERIFIED<br><u>SS</u>  |                            |   |                       |
| FOREIGN FILING LICENSE GRANTED 08/27/98 ***** SMALL ENTITY *****  |   |                            |   |                       |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>Verified and Acknowledged <u>SS</u> Examiner's Initials <u>SS</u> Initials _____ |   | STATE OR<br>COUNTRY<br>NY  | SHEETS<br>DRAWING<br>4  | TOTAL<br>CLAIMS<br>19 |
| ADDRES  |   | INDEPENDENT<br>CLAIMS<br>2 |   |                       |
| TITLE   |   | CATHETER CONNECTOR         |   |                       |
| FILING FEE<br>RECEIVED<br><br>\$395   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                       |